

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10	1						60		
11		1					61		
12							62		
13		3					63		
14		1					64		
15	1						65		
16	1						66		
17		1					67		
18		1					68		
19		1					69		
20		1					70		
21		1					71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←	
TOTAL CLAIMS							TOTAL CLAIMS		